Application or Docket Number

Effective January 1, 2003													-
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			18				Γ	RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		[BASIC F	EE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/Sminus 20=		*6			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			2 _ minus 3 =		0		ŀ	X42=			OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							ŀ	.110				000	
* If the difference in column 1 is less than zero, enter						olumn 2	L	+140: TOTA		700	OR		
									L	37(11)	9R	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OR				OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=	=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=			OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						! <u>†</u>	+140:	_		OR	+280=	
							L	TOT	AL.		Ω Β	TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	Α	DDIT. F	EE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
D M	Total	*	Minus	**		=		X\$ 9=	=		OR	X\$18=	
ME	Independent	*	Minus	***		<u> </u>]	X42=			OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╛┟	. 1 10				+280=	
							L	+140= TOT			OR	TOTAL	
								DDIT. F			OR	ADDIT. FEE	L
		(Column 1) CLAIMS		(Colui		(Column 3)	7 -	-					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S .	Total	*	Minus	**	,	=	11	X\$ 9=	.		OR	X\$18=	
A RE	Independent	*	Minus	***		=	1	X42=			OR	X84=	
Ц	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		┚ ┠		1				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+280=		
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													